



ITDE-PAV102US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No: 10/667,734
Applicant: Mitchell J. Sparrow et al.
Filed: September 22, 2003
Title: PASSIVE RANGE AND ANGLE MEASUREMENT SYSTEM AND METHOD
TC/A.U.: 3662
Examiner:

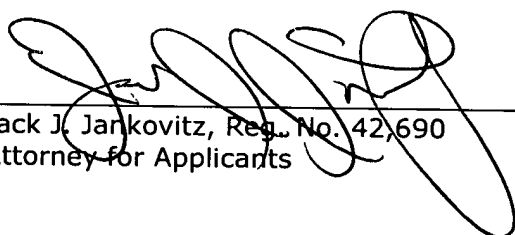
SUBMITTAL OF FORMAL DRAWINGS

Mail Stop PGPUB Drawings
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R :

Responsive to the requirement for submission of formal drawings, enclosed are six (6) sheets of formal drawings for the above-identified application.

Respectfully Submitted,



Jack J. Jankovitz, Reg. No. 42,690
Attorney for Applicants

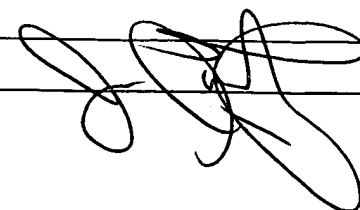
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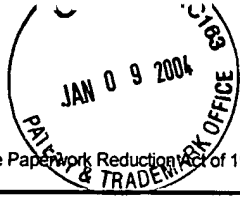
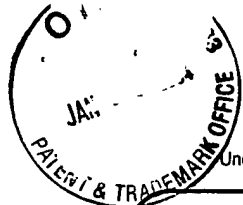
Enclosures: (6) Sheets of Formal Drawings;
Transmittal Form

Dated: January 7, 2004
Suite 301
One Westlakes, Berwyn
P.O. Box 980
Valley Forge, PA 19482-0980
(610) 407-0700

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PTO/SB/21 (08-03) (AW 10/2003)

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission 8

| | |
|----------------------|----------------------------|
| Application Number | 10/667,734 |
| Filing Date | September 22, 2003 |
| First Named Inventor | Mitchell J. Sparrow et al. |
| Art Unit | 3662 |
| Examiner Name | |
| Attorney Docket No. | ITDE-PAV102US |

ENCLOSURES (Check all that apply)

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|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Submission of Formal Drawings and Post Card |
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Remarks:**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

| | | | |
|--------------------|-------------------|-----------------------------------|--------|
| Firm or Individual | Jack J. Jankovitz | Registration No. (Attorney/Agent) | 42,690 |
| Signature | | | |
| Date | January 7, 2004 | | |

CERTIFICATE OF TRANSMISSION / MAILING

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| Name (Print/Type) | Jack J. Jankovitz | | |
| Signature | | Date | January 7, 2004 |

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